

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:
02-004

2. STATE
Alaska

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE
January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:
42 CFR 435

7. FEDERAL BUDGET IMPACT:
a. FFY \$0
b. FFY \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Supp. 1 to Attachment 2.6-A, Page 1
Supp. 6 to Attachment 2.6, Page 1-3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):
Supp. 1 to Attachment 2.6-A, Page 1
Supp. 6 to Attachment 2.6, Page 1-3

10. SUBJECT OF AMENDMENT:
Income eligibility standards

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:
Does not wish to comment

14. TITLE: Director, Division of Medical Assistance

15. DATE SUBMITTED: March 29, 2002

16. RETURN TO:
Division of Medical Assistance
PO Box 110660
Juneau, AK 99811-0660

17. DATE RECEIVED: APR - 2 2002

18. DATE APPROVED: APR 16 2002

19. EFFECTIVE DATE OF APPROVED MATERIAL: JAN - 1 2002

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Bunnee Butterfield

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAL AND STATE OPERATIONS

23. REMARKS:

FOR REGIONAL OFFICE USE ONLY
PLAN APPROVED - ONE COPY ATTACHED
3/29 2002 Juneau

INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

	Family Size	Need Standard
a. Adult Included (AI)	2	\$ 1,055
	3	1,186
	4	1,317
	5	1,448
	each additional	131
b. ANI	1	\$ 579
	2	710
	3	841
	04	972
	each additional	131
c. UP/INCAP Parent	2	\$ 1,055
	3	1,186
	4	1,317
	5	1,448
	each additional	131
d. Single Adult		\$ 660

2. Pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act:

Federal Poverty Guidelines For Pregnant Women and Infants 185%	
Effective beginning 4/1/01	
Family Size	Income Level
1	\$ 1,655
2	2,237
3	2,820
4	3,403
5	3,986

Standards for Optional State Supplementary Payments

AGED

Payment Category (Reasonable Classification)	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net				
		1 Person	Couple	1 Person	Couple	1 Person	Couple	
Non-Institutionalized, living independently.	State	\$1635	\$3270	\$1011	\$1498	\$907	\$1345	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1635	\$3270	\$836	\$ 1246	\$731	\$1088	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1635	\$3270	\$ 74	\$ 148	\$75	\$150	1/ 2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement

2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

BLIND

Payment Category (Reasonable Classification)	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net		1 Person	Couple	
		1 Person	Couple	1 Person	Couple			
Non-Institutionalized, living independently.	State	\$1635	\$3270	\$1011	\$1498	\$907	\$1345	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1635	\$3270	\$836	\$1246	\$731	\$1088	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1635	\$3270	\$ 74	\$ 148	\$75	\$150	1/ 2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement

2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.

Standards for Optional State Supplementary Payments

DISABLED

Payment Category (Reasonable Classification)	Admin- istered by (Fed/State)	Income Level				Maximum Payment Level		Notes
		Gross		Net		1 Person	Couple	
		1 Person	Couple	1 Person	Couple			
Non-Institutionalized, living independently.	State	\$1635	\$3270	\$1011	\$1498	\$907	\$1345	1/ 2/
Non-Institutionalized, living in another individuals home and receiving in-kind income in the form of both food and shelter.	State	\$1635	\$3270	\$836	\$ 1246	\$731	\$1088	1/ 2/
Institutionalized in a hospital, SNF, ICF, or ICF/MR	State	\$1635	\$3270	\$ 74	\$ 148	\$75	\$150	1/ 2/

1/ **Income Disregard:** Alaska Native Land Claims Settlement

2/ **Additional Eligibility Criteria:** Individual must be age 18 or older.